| AMEND Applicant(s): Hi | ntity) | | Docket No. 16816 | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|---------------|---------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|---------------------|---------------------|
| Application No. | Filing Date | Examiner | | Customer N | ۱o. | Group Art Un | it Confirmation No. |
| 10/616,287 | July 9, 2003 | David M. Shay | | 23389 | | 3769 | 9906 |
| Invention: Integrated Surgical System with Multiple Devices | | | | | | | |
| l | vith is an amendment i | | ntified applica | | | | |
| CLAIMS AS AMENDED | | | | | | | |
| | CLAIMS REMAINING | HIGHEST # | NUM | BER EXTRA | | RATE | ADDITIONAL |
| | AFTER AMENDMENT | PREV. PAID F | | S PRESENT | | 250.00 | FEE |
| TOTAL CLAIMS | 2 - | 20 | = | 0 | x | \$52.00 \$220.00 | \$0.00 |
| INDEP. CLAIMS | | | | 0 | × | \$220.00 | \$0.00 |
| Multiple Dependent Claims (check if applicable) TOTAL ADDITIONAL FEE FOR THIS AMENDMENT | | | | | | | \$0.00 |
| No additional fee is required for amendment. Please charge Deposit Account No. in the amount of A check in the amount of to cover the filing fee is enclosed. The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 19-1013/SSMP Any additional filing fees required under 37 C.F.R. 1.16. Any patent application processing fees under 37 CFR 1.17. Payment by credit card. Form PTO-2038. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. | | | | | | | |
| /Thomas Spinelli/ Signature Thomas Spinelli Registration No.: 39,533 Scully, Scott, Murphy & Presser, P.C. 400 Garden City Plaza, Suite 300 Garden City, New York 11530 (516) 742-4343 | | | | Dated: June 4, 2009 Thereby certify that this correspondence is being deposited with the 'United States Postal Service with sufficient postage as-first class milk) an envelope address to 'Commissioner for Patent, P.O. Box 1450, Alexandria, VA 22313-1450" (37 CFR-1.5(a)) on (Date) | | | |
| сс: | | | | Signature of Person Mailing Correspondence Typed or Printed Name of Person Mailing Correspondence | | | |